

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

04

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Leonard Russ

Signature of Treasurer

Electronically Filed by Mr. Leonard Russ

Date

05

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 | 2010 | 128897.14 |
| (b) Cash on Hand at Beginning of Reporting Period | 186181.80 | |
| (c) Total Receipts (from Line 19) | 41540.48 | 274325.14 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 227722.28 | 403222.28 |
| 7. Total Disbursements (from Line 31) | 45500.00 | 221000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 182222.28 | 182222.28 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 25

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 39342.00 | 242274.94 |
| (ii) Unitemized | 2198.48 | 21550.20 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 41540.48 | 263825.14 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 5500.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 41540.48 | 269325.14 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 41540.48 | 274325.14 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 41540.48 | 274325.14 |

DETAILED SUMMARY PAGE

of Disbursements

4 / 25

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 45500.00 | 221000.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 45500.00 | 221000.00 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 45500.00 | 221000.00 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 41540.48 | 269325.14 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 41540.48 | 269325.14 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy
Ste 100City State Zip Code
West Des Moines IA 50266-7716FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health Care Assn.Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: C907285

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Alan Anderson

Mailing Address 5001 E Anaheim Street

City State Zip Code
Long Beach CA 90804-3214FEC ID number of contributing
federal political committee.

C

Name of Employer
South Coast Healthcare Ma-
nagementOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 0 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: C904157

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Brent Barraclough

Mailing Address PO Box 3849

City State Zip Code
Salem OR 97302-0849FEC ID number of contributing
federal political committee.

C

Name of Employer
IDL Services, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: C913138

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen C. Biondi

Mailing Address Extencicare, Inc.

111 West Michigan Street

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Extencicare, Inc.

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: C903412

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health Care

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: C912385

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Roch Carter

Mailing Address 111 W Michigan St

City

Milwaukee

State

WI

Zip Code

53203-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unicare Health Facilities

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: C905983

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory Chambery

Mailing Address 100 Daniel Drive

City

Webster

State

NY

Zip Code

14580-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maplewood Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907284

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gerald Cox

Mailing Address PO Box 7728

City

Rocky Mount

State

NC

Zip Code

27804-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Autumn Corp

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C908885

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Thomas East

Mailing Address 2406 Olde Salem Drive

City

Salem

State

VA

Zip Code

24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
American HealthCare,LLC

Occupation

VP of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: C906002

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory J. Elliot

Mailing Address AMFM, Inc.

240 Capitol Street

City

Charleston

State

WV

Zip Code

25301-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMFM, Inc.

Occupation

IT Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907280

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Toni Fatone

Mailing Address 111 Founders Plaza

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Association
of HC Faciliti

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907281

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Irene Fleshner

Mailing Address 3240 Gulf of Mexico Dr

City

Longboat Key

State

FL

Zip Code

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis HealthCare Corpor-
ation

Occupation

Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: C903413

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)

884.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard Groff

Mailing Address 9031 Penn Avenue S

City

Bloomington

State

MN

Zip Code

55431-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tealwood Care Centers Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: C903414

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Robert W. Hagan

Mailing Address 16 Norcross Street
#100

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterling Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: C905982

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgcrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.01

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: C905991

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

6288.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907335

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Margaret Hodgson

Mailing Address 509 E Fannin St

City

De Kalb

State

TX

Zip Code

75559-1838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: C913172

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: C905992

Amount of Each Receipt this Period

39.56

SUBTOTAL of Receipts This Page (optional)

578.03

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Director, Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.04

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907336

Amount of Each Receipt this Period

39.56

B.

Full Name (Last, First, Middle Initial)

Larry Lane

Mailing Address 1616 Stephens Dr

City

Wayne

State

PA

Zip Code

19087-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis

Occupation

Sr VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: C913170

Amount of Each Receipt this Period

550.00

C.

Full Name (Last, First, Middle Initial)

Greg Lentz

Mailing Address Waterway Plaza One
10003 Woodloch Forest Drive

City

The Woodlands

State

TX

Zip Code

77380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthmark Group

Occupation

Vice President Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: C913140

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5589.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Lowry

Mailing Address 100 W Ramsey St

City

Dawson Springs

State

KY

Zip Code

42408-1739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tradewater Pointe LLC

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: C906466

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Judy Manasco

Mailing Address Nexion
490 Cedar Lane

City

Many

State

LA

Zip Code

71449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907276

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 209 N Beaver St

City

York

State

PA

Zip Code

17401-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmac Corp

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: C906380

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 0

Transaction ID: C905993

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation

Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.42

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907337

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Rich Pell

Mailing Address 21 Greystone Drive

City

Shepherdstown

State

WV

Zip Code

25443-4075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesis

Occupation

SR VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: C904181

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

351.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Shepard

Mailing Address PO Box 125

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shepard Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C916921

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Dean Solden

Mailing Address 12005 Scio Church Rd

City

Chelsea

State

MI

Zip Code

48118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Solden Development Company

Occupation
Owner/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: C903844

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jennie Soukop

Mailing Address Pleasant Valley Healthcare & Rehab
1525 Pleasant Valley Rd

City

Garland

State

TX

Zip Code

75040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pleasant Valley Healthcare
& Rehabilit

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: C913143

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martin Stott

Mailing Address PO Box 945

City

Clinton

State

LA

Zip Code

70722-0945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diversified Health Care

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: C908884

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Earl Thibodaux

Mailing Address Southern Magnolia, LLC
201 West 7th Street

City

Thibodaux

State

LA

Zip Code

70301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Magnolia

Occupation

President of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: C907278

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lisa Toti

Mailing Address 2140 River Oaks Drive

City

Salem

State

VA

Zip Code

24153

FEC ID number of contributing
federal political committee.

C

Name of Employer
American HealthCare, LLC

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: C905927

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank Wronski

Mailing Address 64500 Van Dyke Road

City

Washington

State

MI

Zip Code

48095-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medilodge GroupOccupation
President

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 9 | | 2 | 0 | 1 | 0 |

Transaction ID: C907283

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

39342.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dan Coats for Indiana

Mailing Address PO Box 301141

City
Indianapolis

State
IN

Zip Code
46230-1141

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr Daniel R Coats

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District:

Transaction ID: D94051

Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

FREEDOM PROJECT; THE

Mailing Address 424 C Street NE
Basement UNIT

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions to Federal PACs

Candidate Name
FREEDOM PROJECT; THE

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D94049

Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Denham for Congress

Mailing Address 2150 RIVER PLAZA DR #150

City
Sacramento

State
CA

Zip Code
95833

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr Jeff Denham

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 19

Transaction ID: D94052

Date of Disbursement

04 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Stivers for Congress | Transaction ID: D94126 Date of Disbursement |
| Mailing Address 81 S FIFTH STREET | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 8 / 2 0 1 0</div> </div> |
| City Columbus State OH Zip Code 43215 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contributions to Federal Candidates | <div>2000.00</div> |
| Candidate Name Mr. Steve Stivers | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Toomey for Senate Committee | Transaction ID: D93719 Date of Disbursement |
| Mailing Address 2720 Jordan Road | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 1 0</div> </div> |
| City Orefield State PA Zip Code 18069 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contributions to Federal Candidates | <div>5000.00</div> |
| Candidate Name Mr Patrick Toomey | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) GALLEGLY FOR CONGRESS | Transaction ID: D93835 Date of Disbursement |
| Mailing Address P.O. Box 940001 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 1 0</div> </div> |
| City Simi Valley State CA Zip Code 93094 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contributions to Federal Candidates | <div>500.00</div> |
| Candidate Name Rep. Elton Gallegly | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCHState
NJZip Code
07740Purpose of Disbursement
Voided Contribution of 10/14/2009Candidate Name
Rep. Frank Pallone, Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D94089

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 7 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address 499 S Capitol St SW
Ste 404City
WashingtonState
DCZip Code
20003-4004Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Jason AltmireCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D94125

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908-12 Cincinnati Dayton Road

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. John A. BoehnerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D94050

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 6 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO Box 5458 | Transaction ID: D93715 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 1 0</div> </div> |
| City Springfield State IL Zip Code 62705 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19 | Amount of Each Disbursement this Period <div>2500.00</div> |
| B. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs Mailing Address 38 Ivy St SE City Washington State DC Zip Code 20003-4006 Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23 | Transaction ID: D93712 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 8 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> |
| C. Full Name (Last, First, Middle Initial) CAPUANO FOR CONGRESS COMMITTEE Mailing Address PO BOX 440305 City SOMERVILLE State MA Zip Code 02144 Purpose of Disbursement Voided Contribution of 10/14/09 Candidate Name Rep. Michael E. Capuano Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 08 | Transaction ID: D94087 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>-4000.00</div> |

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
CAPUANO FOR CONGRESS COMMITTEE

Mailing Address PO BOX 440305

City SOMERVILLE State MA Zip Code 02144

Purpose of Disbursement
Voided Contribution of 10/14/09

Candidate Name
Rep. Michael E. Capuano

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 08

Transaction ID: D94088

Date of Disbursement

04 / 27 / 2010

Amount of Each Disbursement this Period

-1000.00

B. Full Name (Last, First, Middle Initial)
NITA LOWEY FOR CONGRESS

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Voided Contribution of 7/23/09

Candidate Name
Rep. Nita M. Lowey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: D93592

Date of Disbursement

04 / 01 / 2010

Amount of Each Disbursement this Period

-1000.00

C. Full Name (Last, First, Middle Initial)
Portman for Senate Committee

Mailing Address 8331 Little Harbor Dr

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Mr Rob Portman

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: D94127

Date of Disbursement

04 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address 1900 GRANT STREET SUITE 1170

City
DENVERState
COZip Code
80203Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Michael BennetCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 00

Transaction ID: D93836

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 3 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City
WINSTON-SALEMState
NCZip Code
27113Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Richard BurrCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: D93718

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF TREY GRAYSON

Mailing Address PO BOX 175726

City
Fort MitchellState
KYZip Code
41017Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
FRIENDS OF TREY GRAYSONCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D93717

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 8 | | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF TREY GRAYSON

Mailing Address PO BOX 175726

City State Zip Code
Fort Mitchell KY 41017

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
FRIENDS OF TREY GRAYSON

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D93881

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City State Zip Code
Washington DC 20008

Purpose of Disbursement
Contributions to Federal PACs

Candidate Name
Tuesday Group Political Action Committee

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D93720

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Mailing Address 227 Massachusetts Ave. NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Contributions to Federal PACs

Candidate Name
VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D93716

Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MINNICK FOR CONGRESS

Mailing Address 8150 W. Emerald Street

City State Zip Code
Boise ID 83704

Purpose of Disbursement
Redesignation

Candidate Name
Rep. Walt Clifford Minnick

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: D94148

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

MINNICK FOR CONGRESS

Mailing Address 8150 W. Emerald Street

City State Zip Code
Boise ID 83704

Purpose of Disbursement
Redesignation

Candidate Name
Rep. Walt Clifford Minnick

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: D94149

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

45500.00